

**Political Organization  
Notice of Section 527 Status**

OMB No. 1545-1693

Department of the Treasury  
Internal Revenue Service

**Part I General Information**

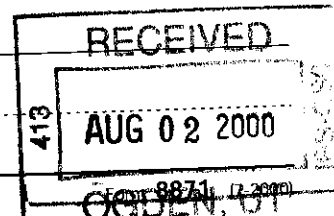
1 Name of organization <b>Friends of Maine Hospitals</b>		Employer identification number <b>01-0266289</b>
2 Mailing address (P.O. Box or number, street, and room or suite number) <b>150 Capitol Street</b>		<b>91-2066904</b>
City or town, state, and ZIP code <b>Augusta, ME 04330</b>		
3 E-mail address of organization <b>mmayhew@themha.org</b>		
4a Name of custodian of records <b>Mary Mayhew</b>	4b Custodian's address <b>150 Capitol Street Augusta, ME 04330</b>	
5a Name of contact person <b>Mary Mayhew</b>	5b Contact person's address <b>150 Capitol Street Augusta, ME 04330</b>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  City or town, state, and ZIP code		

**Part II Purpose**

7 Describe the purpose of the organization  
**(a) to exist and operate as a separate, segregated fund of the Maine Hospital Association; (b) to solicit, receive and make contributions consistent with the laws of the state of Maine; and (c) to promote and strive for the improvement by government by encouraging members of the health care community in Maine to take a more active role in the affairs of government.**

**Part III List of All Related Entities (see instructions)**

8a Name of related entity	8b Relationship	8c Address
<b>Maine Hospital Association</b>	<b>Connected</b>	<b>150 Capitol Street Augusta, ME 04330</b>



**9a** Name

9b Title
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**9c** Address

Mary Mayhew

Treasurer

150 Capitol Street  
Augusta, ME 04330

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign  
Here**

Signature of authorized official

Date \_\_\_\_\_